1008177/

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

UCSF-127 CIP2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			55					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 分 minus 20=		· 50			X\$ 9=	450	OR	X\$18=	
INDEPENDENT CLAIMS			// minus 3 =		* 5			X42=	20	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				5	+140=	140	OR	+280=	
* If	the difference i	in column 1 is	ess than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL		
3	CLAIMS AS AMENDED - PART II (Column 2) (Column 3)							SMALL	NTITY	OR	OTHER SMALL	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	**	75	= 🔘		X\$ 9=		OR	X\$18=	
	Independent	* /	Minus	ENDEN	8 CLAINA	=		X42=		OR	X84≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+140=		OR	+280=	·
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	frik		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3		AUUII, FEE			ADDIT. FEL	
AMENDMENTC		CLAIMS REMAINING		HIG NUM PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T 01 1	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL	
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. ADDIT. FEE											
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